FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowe Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

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2010 DEC 16 PM 1: 14

COMMITTEE NAME (MUST be same as on Statement of Or	ganizavon)	·		
Henderson for County Attorney		1 1 -	ORM DR-2	
IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislativa/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Can Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	(2)State PAC (3)State Party didate (7)School Board or Other Political	(Re	v. 12/2009) Office Use On	DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY: Candidate Name Lyssa Henderson	Political Party (if applicable) Republican	Sca	nned	
Office Sought County Attorney	District (If Senate or House)	1 1		
Late reports are subject to possible civil and criminal penalties. For candidate's committee, and the chairperson, for any other type of	rursuant to lowa Code sections 68B.32A(7 f committee, is the individual responsible f	and 68A. or filing tim	401(3), the car ely and accura	ndidate, for a ate reports.
SIGNATURE OF PERSON FILING REPORT	712-898 -82	<u> 8_</u>	DATES) IO
SIGNATUREOF PERSON FILING REPORT	IELEFRONE		DATES	KGRED
I AM FILING A December 16, 2010	REPORT FOR (1) ELECTION /(2)NON-E	LECTION YE	AR.
(report date)	Indicate by #			
CHECK IF AMENDMENT TO REPORT DATED		ocal Comm	ittees, enter Da	its of Election
	11	1/2/10		
☐ Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file.	ed.)	ounty & Lo hich Election Palo Alto	on is held	, enter County in
STATEMENT OF CASH ON HAI CASH ON HAND at the beginning of the reporting period. (committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	Total of all funds held by the e cash on hand at the end	\$	898.49	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Sch	edule A) (*also see in-kind below)		0.00	
Schedule F: Loans Received total (Attach Schedu	le F)		0.00	
Schedule H: Total Sales of Campaign Property (A	ttach Schedule H)		0.00	· · · · · · · · · · · · · · · · · · ·
(Schedule H applies to Candidates' Co	mmittees Only)			
	SUB-TOTAL	\$	0.00	
SUBTRACT TOTAL MONEY SPENT THIS PERIO	OD .			
Schedule B: Expenditures total (Attach Schedule	B) (***aiso see debts and loans below)	• • • • • • • • • • • • • • • • • • • •	0.00	
Schedule F: Loan Repayments total (Attach Sche	dule F)		898.49	
CASH ON HAND at the end of this reporting period (if final	report balance must be zero)	\$	0.00	
***UNPAID BILLS (From Schedule D - Atlach Schedule D)		\$	0.00	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sc	hedule E)	\$	346.41	
**OUTSTANDING LOANS (From Schedule F - Atlach Sche	dule F)	\$	0.00	
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES /	_NO
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Schedule H - A	uttach Schedule H)	\$	0.00	
STATE COMMITTEES: Submit a reconciled campaign acc	count bank statement in January of each	усаг.		

FOR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE E	IN-KIND
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 06/97	CONTRIBUTIONS
Henderson for County Attorney	- AMEN	K THIS BOX IF IDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
11/08/10	Lyssa Henderson 3642 490th Street, Emmetsburg, Iowa 50536	Candidate	forgiveness of loan	\$ 346.41	
		·			
	-				
			SUB-TOTAL	346.41	
			TOTAL (if las page of this schedule	346.41	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)

IMITTEE NAME	(Must be same as on Statement of Organization)	Section 1	SCHEDULE F (Rev. 02/08)	LOAN
derson for Co	unty Attorney		(Rev. 02/08)	& REPA
	e reports money loaned to the committee which is deposited in the	committee account.	CHECK AMENDI	THIS BO NG FORI
TI- MONETA	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD ource of loan, such as a bank, must be shown if a third party is invo	ived. Include loans from car	ndidate's personal	funds.)
DATE	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT	OF LOAN
RECEIVED (MM/DD/YR)	(Include Endorser's Name, If Applicable)	CANDIDATE (If Applicat	ole")	
			\$	
		,		
		* *		
		<u> </u>		
			1	
		TOTAL (PART I)	\$	·
	TARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD brgiven must be reported on Schedule E In-kind Contributions.)	TOTAL (PART I)	\$	-
(Loans)	orgiven must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT	
(Loans t	orgiven must be reported on Schedule E In-kind Contributions.)		AMOUNT	REPAID
(Loans)	orgiven must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO CANDIDATE* (If Applica	AMOUNT	REPAID
(Loans a	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) Lyssa Henderson	RELATIONSHIP TO CANDIDATE* (If Applica	AMOUNT	REPAID
(Loans a	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) Lyssa Henderson	RELATIONSHIP TO CANDIDATE* (If Applica	AMOUNT	REPAID
(Loans a	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) Lyssa Henderson	RELATIONSHIP TO CANDIDATE* (If Applica	AMOUNT	REPAID
(Loans) DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) Lyssa Henderson	RELATIONSHIP TO CANDIDATE* (If Applica	AMOUNT	REPAID
(Loans) DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) Lyssa Henderson 3642 490th Street, Emmetsburg, Iowa 50536	RELATIONSHIP TO CANDIDATE* (If Applica	AMOUNT able) \$898.	49
(Loans) DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) Lyssa Henderson 3642 490th Street, Emmetsburg, Iowa 50536	RELATIONSHIP TO CANDIDATE* (If Applicated and Idated an	AMOUNT	49 49
(Loans) DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) Lyssa Henderson 3642 490th Street, Emmetsburg, Iowa 50536	RELATIONSHIP TO CANDIDATE* (If Application of the condidate) Candidate Candidate EPAYMENTS (PART II) LOANS FORGIVEN	AMOUNT 898.	49 49
DATE PAID (MM/DD/YR) 11/08/10	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) Lyssa Henderson 3642 490th Street, Emmetsburg, Iowa 50536 TOTAL CASH R From Schedule E – TOTAL TOTAL OUTSTANDING LOANS EN	RELATIONSHIP TO CANDIDATE* (If Application of REPORT PERIOD Intive	* 898. ************************************	49 49
DATE PAID (MM/DD/YR) 11/08/10 Disclosure law ranking a contrib	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) Lyssa Henderson 3642 490th Street, Emmetsburg, Iowa 50536 TOTAL CASH R From Schedule E – TOTAL TOTAL OUTSTANDING LOANS EN	RELATIONSHIP TO CANDIDATE* (If Application of the candidate) EPAYMENTS (PART II) LOANS FORGIVEN OF REPORT PERIOD of the candidate ree of	*** AMOUNT able) \$ 898. **********************************	49 49